

AMENDMENTS TO THE CLAIMS

This listing of claims will replace all prior versions, and listings, of claims in the application:

Listing of Claims:

1. (Currently Amended) A method for targeting a high-risk member of a healthcare plan for proactive care, using data from a plurality of electronically stored claims of the member, the method comprising:

selecting a member from a plurality of members of a healthcare plan using a filter criterion to identify the member as high-cost, wherein the filter criterion compares the members' predicted future healthcare utilization;

subsequent to identifying the member as high-cost, calculating a relative risk for the member, including comparing a quantified risk for each of a plurality of members of the healthcare plan;

searching the plurality of electronically stored claims of the member to identify the presence of an intervention flag for the member, wherein the plurality of members of the healthcare plan includes members with distinct intervention flags;

identifying a medical episode driving cost from the plurality of claims of the member;
and

generating a display showing to a user the intervention flag and the medical episode in association with an identification of the member, the display being generated responsive to an electronic selection of the identification of the member by the user.

2. (Previously Presented) The method of claim 1 further comprising generating a display showing to the user detailed information regarding the intervention flag or the medical episode, responsive to electronic selection of the intervention flag or the medical episode by the user.

3. (Original) The method of claim 1 further including searching the plurality of claims for the presence of a member of the group consisting of: mental health diagnoses, self-care characteristics, equipment/monitors, and drug history.

4. (Original) The method of claim 1 further comprising, prior to the act of searching, choosing the high-risk member using a predicted future cost as specified by a predictive model.
5. (Original) The method of claim 1 wherein the searching step includes searching the plurality of claims to identify an intervention flag selected from the following group: emergency room visits, hospital admissions, out-of-network costs, multiple provider specialties, multiple prescriptions, no appropriate provider for a medical episode, missing aspects of care, and non-compliance with prescriptions.
6. (Original) The method of claim 1 further comprising linking the intervention flag to each of the plurality of claims corresponding to the intervention flag.
7. (Original) The method of claim 2 further comprising calculating a future cost for the member and displaying the future cost in association with the identification of the member.
8. (Previously Presented) The method of claim 2 further comprising displaying to the user the relative risk in association with the identification of the member.
9. (Previously Presented) The method of claim 1 wherein the intervention flag reflects the presence of a medical episode for which the member is not seeing an appropriate provider and further wherein the display indicates the medical episode and the appropriate provider.
10. (Original) The method of claim 1 wherein the intervention flag is the presence of a medical episode in the plurality of claims for which for which the member is missing a specified treatment.
11. (Original) The method of claim 1 wherein the intervention flag is the presence of a medication in the plurality of claims for which the member is noncompliant.
12. (Original) The method of claim 1 wherein the medical episode is defined in terms of CCG categories.

13. (Original) The method of claim 1 wherein the medical episode driving cost is identified by determining which of a plurality of medical episodes present in the plurality of claims has a highest actual cost.

14. (Original) The method of claim 1 wherein the medical episode driving cost is identified by determining which of a plurality of medical episodes present in the plurality of claims has a highest average cost according to benchmark medical episode data.

15. (Original) The method of claim 1 wherein the medical episode driving cost is identified by assigning a ranking to each of the plurality of medical episodes present in the plurality of claims based on a combination of an associated cost for the member and an average benchmark cost.

16. (Currently Amended) A method for targeting high-risk members from a plurality of members of a healthcare plan for proactive care, using data from a plurality of claims corresponding to the plurality of members, a record associated with each of the plurality of members being electronically stored, the method comprising:

filtering the electronically stored records associated with each of the plurality of members using a filter criterion to identify a set of high-cost members, wherein the filter criterion compares the members' predicted future healthcare utilization;

subsequent to identifying the set of high-cost members, calculating a relative risk for each of the high-cost members;

identifying the presence of an intervention flag for each member in the set of high-cost members by analyzing the claims corresponding to each member, wherein the set of high-cost members includes members with distinct intervention flags;

selecting an intervention set from the high-cost members based on the relative risk for each of the high-cost members;

generating a display showing to a user the intervention flag for each intervention set member in association with an identification of the member; and

generating a display showing to the user detailed information regarding the intervention flag for one of the intervention set members, responsive to electronic selection of the intervention flag by the user.

17. (Previously Presented) The method of claim 16 wherein the filter criterion compares predicted future costs as specified by a predictive model.

18. (Original) The method of claim 16 further including searching the plurality of claims for the presence of a member of the group consisting of: mental health diagnoses, self-care characteristics, equipment/monitors, and drug history.

19. (Previously Presented) The method of claim 16 wherein the intervention flag for each high-cost member is selected from the following group: emergency room visits, hospital admissions, out-of-network costs, multiple provider specialties, multiple prescriptions, no appropriate provider for a medical episode, missing aspects of care, and non-compliance with prescriptions.

20. (Original) The method of claim 16 further comprising identifying a medical episode driving cost from the plurality of claims for each member in the high-cost set of members.

21. (Currently Amended) A method for targeting high-risk members from a plurality of members of a healthcare plan for proactive care, using data from a plurality of claims corresponding to the plurality of members, a record associated with each of the plurality of members being electronically stored, the method comprising:

filtering the electronically stored records associated with each of the plurality of members using a filter criterion to identify a set of high-cost members, wherein the filter criterion compares the members' predicted future healthcare utilization;

subsequent to identifying the set of high-cost members, calculating a relative risk for each of the high-cost members;

identifying a medical episode driving cost from the plurality of claims for each of the high-cost members wherein the set of high-cost members includes members with distinct medical episodes;

selecting an intervention set from the high-cost members based on the relative risk and at least one medical episode for each of the high-cost members; and

generating a display showing to a user the medical episode in association with an identification of an intervention set member, the display being generated responsive to an electronic selection of the identification of the intervention set member by the user.

22. (Previously Presented) The method of claim 21 wherein the filter criterion compares a predicted future cost for each of the plurality of members.

23. (Previously Presented) The method of claim 22 wherein the predicted future cost is calculated using a predictive model.

24. (Original) The method of claim 21 further comprising searching the plurality of claims to identify the presence of an intervention flag for each of the high-cost members.

25. (Original) The method of claim 21 further comprising searching the plurality of claims for the presence of a factor influencing care intervention for each of the high-cost members.

26. (Original) The method of claim 25 wherein the factor influencing care intervention is selected from the group consisting of: mental health diagnoses, self-care characteristics, equipment/monitors, and drug history.

27. (Currently Amended) A method of targeting high-risk members amenable to proactive care from a plurality of members of a healthcare plan using information from a plurality of claims corresponding to each of the plurality of members, a record associated with each of the plurality of members being electronically stored, the method comprising:

filtering the electronically stored records associated with each of the plurality of members using a filter criterion to identify a set of high-cost members, wherein the filter criterion compares the members' predicted future healthcare utilization;

subsequent to identifying the set of high-cost members, calculating a relative risk for each of the high-cost members;

identifying the presence of each of a plurality of intervention flags for each member in the set of high-cost members by analyzing the claims corresponding to each high-cost member, wherein the set of high-cost members includes members with distinct sets of intervention flags;

generating a data file for display showing the number of interventions flags present for each of the high cost members in association with an identification of the member;

selecting an intervention set from the high-cost members based on the relative risk for each of the high-cost members; and

selecting one of the intervention set members and displaying to a user a portion of the data file corresponding to the selected intervention set member, such that the displayed portion of the data file includes the plurality of intervention flags of the selected intervention set member.

28. (Previously Presented) The method of claim 27 further comprising, prior to the act of generating a data file, selecting the intervention set from the high-cost members, based on a relevant criterion, and wherein the data file is for display showing the number of intervention flags for each of the intervention set members.

29. (Previously Presented) The method of claim 28 wherein filtering using the filter criterion identifies the high-cost members and further identifies a relative risk for each of the plurality of members of the healthcare plan.

30. (Original) The method of claim 29 wherein the high-cost members are ranked in the data file according to each high-cost member's relative risk and the number of intervention flags present.

31. (Previously Presented) The method of claim 27 wherein, responsive to electronic selection by the user of at least one of the plurality of intervention flags of the selected intervention set member, detailed information regarding the at least one of the plurality of intervention flags is displayed to the user.